

10/673,077  
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(FILE 'HOME' ENTERED AT 16:21:30 ON 24 JAN 2007)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 16:21:45 ON 24  
JAN 2007

L1 8 S SUBARRACHNOID?  
L2 7 DUPLICATE REMOVE L1 (1 DUPLICATE REMOVED)

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ANSWER 7 OF 7 MEDLINE on STN  
AN 60117252 MEDLINE  
DN PubMed ID: 13796884  
TI Subarachnoid hemorrhage.  
AU BARNES J E  
SO American journal of surgery, (1960 Mar) Vol. 99, pp. 374-6.  
Journal code: 0370473. ISSN: 0002-9610.  
DT Journal; Article; (JOURNAL ARTICLE)  
LA English  
FS OLDMEDLINE; NONMEDLINE  
EM 199811  
ED Entered STN: 16 Jul 1999  
Last Updated on STN: 16 Jul 1999  
Entered Medline: 1 Nov 1998  
ST subarachnoid hemorrhage  
CT \*Subarachnoid Hemorrhage

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CT \*Subarachnoid Hemorrhage

AN 2001069620 EMBASE  
TI The incidence and aetiology of stroke in the Caerphilly and Speedwell Collaborative Studies II: Risk factors for ischaemic stroke.  
AU McCarron P.; Greenwood R.; Elwood P.; Shlomo Y.B.; Bayer A.; Baker I.; Frankel S.; Ebrahim S.; Murray L.; Smith G.D.  
CS P. McCarron, Department of Social Medicine, University of Bristol, Canynge Hall, Whiteladies Road, Bristol BS8 2PR, United Kingdom.  
P.mccarron@bristol.ac.uk  
SO Public Health, (2001) Vol. 115, No. 1, pp. 12-20. .  
Refs: 41  
ISSN: 0033-3506 CODEN: PUHEAE  
CY United Kingdom  
DT Journal; Article  
FS 006 Internal Medicine  
008 Neurology and Neurosurgery  
017 Public Health, Social Medicine and Epidemiology  
018 Cardiovascular Diseases and Cardiovascular Surgery  
LA English  
SL English  
ED Entered STN: 1 Mar 2001  
Last Updated on STN: 1 Mar 2001  
AB Reduction of stroke burden requires preventive interventions targeted at important risk factors. This report presents the analysis of risk factors for ischaemic stroke from a representative cohort of middle aged men from South Wales and south-west England. Data on risk factors were collected through validated questionnaires and physical and clinical measurements. Details of possible cerebrovascular events were retrieved, classified into ischaemic, haemorrhagic and uncertain subtypes, and validated. The ratio of definite ischaemic to definite haemorrhagic strokes was calculated. This showed that the vast majority of strokes of unknown subtype were likely to ischaemic. After exclusion of known haemorrhagic strokes and subarachnoid haemorrhages the remaining strokes were labelled ischaemic. Hazard ratios for possible risk factors were calculated for all ischaemic, and for fatal and non-fatal strokes. There were 293 ischaemic strokes. Statistically significant age-adjusted hazard ratios were: 1.50 (95% confidence interval 1.16-1.95) for being in a manual social class, 1.82 (1.24-2.67) if smoking >15 cigarettes/d at enrolment, 1.19 (1.13-1.24) and 1.23 (1.14-1.34) per 10 mmHg increase in systolic and diastolic blood pressure, respectively, 0.67 (0.46-0.96) for the top quintile high density lipoprotein-cholesterol:cholesterol ratio compared to the bottom quintile, 2.04 (1.40-2.99) for presence of angina, 3.90 (2.01-7.58) for presence of atrial fibrillation, and 3.35 (1.90-5.80) for presence of diabetes. Risk factors were more strongly associated with fatal than non-fatal strokes. Multivariate analyses revealed that, while there was some attenuation of the effect of social class, angina and elevated BP, the risks from atrial fibrillation and diabetes were increased.  
CT Medical Descriptors:  
\*stroke: DI, diagnosis  
\*stroke: EP, epidemiology  
\*stroke: ET, etiology  
\*stroke: PC, prevention  
incidence  
United Kingdom  
cerebrovascular accident: DI, diagnosis  
cerebrovascular accident: EP, epidemiology  
cerebrovascular accident: ET, etiology  
cerebrovascular accident: PC, prevention  
risk factor  
cohort analysis  
questionnaire  
measurement

disease classification  
brain ischemia  
brain hemorrhage: DI, diagnosis  
validation process  
subarachnoid hemorrhage: DI, diagnosis  
fatality  
statistical analysis  
age  
social class  
cigarette smoking  
systolic blood pressure  
diastolic blood pressure  
blood pressure measurement  
angina pectoris  
heart atrium fibrillation  
diabetes mellitus  
multivariate analysis  
attenuation  
human  
male  
major clinical study  
controlled study  
adult  
article  
Drug Descriptors:  
high density lipoprotein cholesterol: EC, endogenous compound  
cholesterol: EC, endogenous compound  
RN (cholesterol) 57-88-5

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